(OD/1) REF: Co las () las	1-1811-	Da : 00
ameyor TOUM (S/MS(1) OF	05569/5+3	Sense
ASS	GNMENT	•
From: Date:	Veh No: GBE 2813 H	Yr Regn: 10/10 12007
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry	/ Taxi / Prime Mover /
OD I/FP (.WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	o maa ang akan ma ma ah is a si si mada dadaa di si saasingaanni ah dama si sima ah
To Inspect Vehicle No: GBE 2813H	Make: Hercedes Benz Vit	0 0.0 2148
	Colour Diwer	A/C. Illianien i pra i jui i in
et Workshop m/s Bifost Auto	Sp.Reading 383089	T/Radio: Insured / Std / NI / NA
of 8 Raki Bt. Ave & Premier #01-49	Eng/No: 646980,5138793	
Insured: ,·	C/No: WDF 639 70523	
Policy No.	Gen. Cond: Good (Fair / Poor / Burnt	skovetille
Claims No.	Steering: Inorder / Jammed / Leaked / Bi	urnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Br	
(Client's Record)	Modi: Nil /S/Rlm / STD A/Rim or	
Make of Veh:		MAIRUITY
	Tyre Size: F: 225/60/16 R: 225/60/16	MATRAC
(Policy Condition) N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / M	
Remark; The veh had commenced its N/S O/S repair at the time of Inspection.	TOYO / YOKO or	
repair at the time of inspection.	-	Rear
Bal, or Market Value: 12006	Front	R/Bal. 5 mn
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm	L/Bal. 5 mn
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm	D.O.I. 7/5/2021
Est. Repairs: 5 days Res.: Yes or No	D.O.A. 20/3/2021	1.5
Lum Sum: % 3 Val.: Yes or No	Survey held at	TUT)
CA / REV / REP. / 24 HRS WP	Des. of Damages : Frt / Rear / Ø/S N	/S / U/C / Rooftop or
Vehicle: IN / OUT	The U/C / Chassis frame / Body St	ructure affected due to collisio
	The of 7 chassis name 7 body of	· ·
Range 3,000/2-4,000/2		
	A. market	
Recommended cor is 45 \$3,	550/2 Talin Mm	-
	14/5/2021	
MV 12,000/2		770) h
PV 5,641)2		TOUM My
NV 6,359/r		9/5/2021
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
1): Final Report	Resurvey No. of Trlp:	Survey Fee:
Date/Time, File Return to?		Transportation:
2) Add Fee	and it compared state for the contract of	S+RS,SI
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$	Others
Lump Sum / I.B.I: (\$: Weekend (\$)
		TOTAL

.

500 vey Resurvey 7/5/2021 10/5/2021 1457 hrs 1050hrs Totim transition

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT #01-49 SINGAORE 415875

1/5 3,550/2
Terlin luin_
14/5/2021

Tel: +65 64524457

Company Reg No: 201929175W

Vehicle No: Model and make: Chassis No: GBE2813H Mercedes Benz 2007

35 35 . 84

Chassis No.	
Qty Spare Parts	List Price (\$)
1 Front bumper	\$ 886 00 1,360.90 BRV
1 Front bumper RH side bracket	s / 93.80 BR
1 Front bumper reinforcement	\$ \(\) 837.52 BT \(\)
1 RH headlamp assy	\$ 680.00 894.00 BR
1 Front apron panel	3 448.02 DIO V
1 Front grille	\$ 390.00 580.39 DISV
1 Front grille emblem	\$ 68.60 128.01 NECY
1 Front RH fender	\$ \\\ 429.17 BR \\
1 Front RH fender splash shield	\$ 153.48 NDX
	\$ 3,833 · 11 · 3,564.99 % \$ 383 · 31 · 356.50
-10	% \$ 383.31 356.50
	\$ 3449.80 3,208.49
Qty Spare Parts	Special Nett (\$)
1set Front bumper clips	\$ 30.00 60.00 NEC \$ 60.00 NNX \$ 90.00 180.00 NEC
1set Front apron panel clips	\$ 60.00 NNX
1 Front RH fender sticker (70 provide invoice)	\$ 90.00 180.00 NECV
Labour and painting	
Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut / weld and re-align all affected panels	\$ 400.60 700.00
Spray painting on affected panels	\$ 450.00 _800.00 /
Check wiring and lighting system	\$ <u>70.00</u> NNX
Apply rust coating on affected areas	\$ 50.00 NUX
ump sum repair	
Lepair days 5 Total:	\$ 5,128.49
	4,419.80
@209	883.96
1/2 2550/2	0 000.00



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving

and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

27/03/2021 09:43 (SGT) 20/03/2021 13:30 (SGT) Singapore **GAMBAS AVENUE** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE2813H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes DAVID BEAUTY TRADING 5XXXX409B liaoxiulin81@icloud.com (Phone) +65-90605638 +65-90605638

MERCEDES BENZ / VITO115E EU4

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Employment

2000

Mercedes

No - Claiming third party Commercial vehicle Auto

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

NTUC Income Insurance Co-operative Ltd

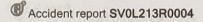
Comprehensive No

5101226836-02

DRIVER

Name of Driver NRIC No

ZHOU GUOWEI GXXXX578W



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

20/06/1969

17/08/2017

3 YEARS AND 7 MONTHS

(Phone) +65-90605638

liaoxiulin81@icloud.com

BLK 129 YISHUN STREET 11 #02-281

Outdoor

Male

760129

No

No

Other

Side Swipe

Clear

Dry

No

Yes

Yes

Yes

No

2

Yishun North Neighbourhood Police Centre

(Phone) +65-18008529999 (Fax) +65-68522299

31 Yishun Central Singapore 768827

No

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210320/2063;

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category FBP9393Z

Sym

SYM / JOYRIDE S 2001 ABS

Motorcycle

Accident report SV0L213R0004

Page 2 of 22

Name of Driver

Contact Number

Address

Address complement

Postcode
Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

RIDER

RIDER
RIDER
REP9393Z
No
Ves

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver
- 3, Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

- (a) My insurer , my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

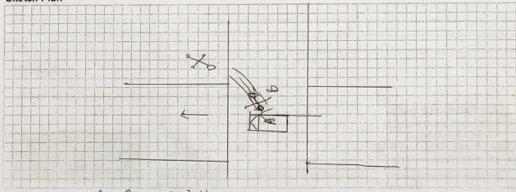
Driver's Signature (If driver is not the policyholder) / Date

& Time

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBE 2813 4 B: FBP 9393 2

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			No.	0

Declaration

IWe declare the foregoing particulars are true in every respect.



David

Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tet: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999



2 of 3

Report No. T/20210320/2063

CONTINUATION OF REPORT

Driver					_ in the second second second
Name	ZHOU GUOWEI		JD)	No.	10665879VF
Related Vehicle	GBE2813H (Van)			veres rea	特的和中国交通
Hospital/Clinic	NIL			iais (d' leing) centre é. piro Carce	CHENT PROPERTY OF SEA
Date Treatment	Treatment NIL			SE INC	TO KARCON CORPORATION THE TRANSPORTED AND A
No. of Days gran	ted Medical Leave	NIL	Degree of Inja	AFF F THE	A ALLE SET TO THE THE PARTY OF

Brief Details.

Brief Details.

On 20/03/2021 at about 1330hrs, I was travelling in my vehicle with the plate number GBE2913H along Yishun Avenue 7 towards Gambus Avenue. I did not manage to stop at the traffic light when the light was turning yellow. At that point of time, me and my wife did not spot the motorcycle turning towards Sembawang Road. Suddenly, the motorcycle which is from Gambus Avenue turning towards Sembawang Road. The motorcycle which was turning to Sembawang road had hit onto the side of my vehicle. The rider then fell on the road. Traffic police had attended to my accident vide report L/20210320/0109. The rider was conveyed by the ambulance. The damages on my vehicle are the right lamp was broken and also dented at the driver right hand side. I was advise by the traffic police to make a traffic accident report.

As	per	police	Report.
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Declaration

We declare the foregoing particulars are true in every respect.



David

Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.eg

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	409B
Vehicle No.:	GBE2813H
Vehicle to be Exported:	No
Intended Deregistration Date:	09 May 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VITO115E EU4
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	64698051387932
Chassis No.:	WDF63970523350282
Maximum Power Output:	
Open Market Value:	\$53,745.00
Original Registration Date:	10 Oct 2007
First Registration Date:	10 Oct 2007
Transfer Count:	4
Actual ARF Paid: Intended PARF Rebate Details	\$0.00
PARF Eligibility:	*** No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	30 Sep 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$20,268.00
COE Rebate Amount:	\$5,641.00
Total Rebate Amount: Message	\$5,641.00
Please note that all future COE renewals for this vehicle vehicle.	can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the
Transfer of ownership or deregistration is not allowed fo	r this vehicle.
The state of the s	

The information contained herein is correct as at 09 May 2021

OK

MV
$$12,000 | \gamma$$

PV $5,641 | \gamma$
NV $6,359 | \gamma$

767 m m 9/5/2021